

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 4:26 pm, May 09, 2014

Complete this report at the time of the re Complete this report whenever the instru Retain the original and send a copy with	iment is serviced or repai	fred and whenever it is	placed into service.).	
DATAWASTER SN NAME OF AGEN 204130 Missouri S	Name 100	Date of Inspection 05/04/2014			
LOCATION OF INSTRUMENT (STREET AND CITY) Lincoln County Sheriff's Department		TIME OF INSPECTION 11:05 pm			
CHECKLIST: Place a mark in the box by	atisfactory or if operating		mits. (Write in observed values		
where determined.) Unmarked items mu			9		
DIAGNOSTIC CHECK (PRINTOUT	ATTACHED)	DATE AND TIME	(from printout) 05/04	/2015 23:13	
☑ COMPUTER		DETECTOR			
☑ PROGRAM	-	FILTERS			
☑ HEATERS SAMPLE CHAMBER	49 °C	🛮 QUARTZ STAI	NDARD		
		☑ CALIBRATION			
PUMP HIGH SPEED		PRINTER		•	
☑ INDICATOR LIGHTS					
SIMULATOR SOLUTION SUPPLIEF	Rep Co Marketing, In	nc. LOT # _1	3001 EX	P. DATE 03/07/2015	
SIMULATOR TEMP (34°C ± 0.2°C) .	34 °C	SIMULATOR SN	G6827 EX	P. DATE <u>03/03/2015</u>	
☑ CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO BE	USED PER MAINTEN	ANCE REPORT)		
Run three tests using a standard soll less. Mark the box corresponding to t	ution. All three tests must	t be within ±5% of the	slandard value and n	nust have a spread of ,005 or	
O.100% STANDARD - MUST REA 0.080% STANDARD - MUST REA 0.040% STANDARD - MUST REA	D BETWEEN 0.076% AN	VD 0.084% INCLUSIVE	:		
TEST 1 • .102	TEST 2102		TEST 3 - 103		
PERFORM R.F.I. TEST (PRINTOUT)	ATTACHED)		-		
INDICATE THE NUMBER OF BREATH (DO NOT INCLUDE SELF-ADMINISTER	TESTS IN THE FOLLOW ED TESTS)	ING RANGES SINCE	THE LAST MAINTER	NANCE REPORT:	
REFUSALS 0 (004) 2	(.0509) 5	(.1014) 5	(.1519) 2	OVER .19	
UST ANY NEW PARTS AND DESCRIBE ANY ALTERATION (USE OTHER SIDE IF NECESSARY).	OR MODIFICATION THAT WAS MAD	DE TO RESTORE THE INSTRUME	HT TO OPERATE SATISFACTO	ORILY AND WITHIN ESTABLISHED LIMITS	
This instrument is operating within es	stablished limits.				
Ethanol in vapor concentration = .10 Bot No. 0008					
INSPECTING OFFICER					
SIGNATURE		1	PRINT FULL NAME Stove Dielawski		
TYPE II PERMIT NUMBER/EXPIRATION DATE 240045 03/07/2016		TELEPHONE NU	Steve Bielawski TELEPHONE NUVBER (636) 300-2800		
RETURN COMPLETED REPORT TO THE:				ices, Southeast District Office	

3101-188 STONYBROOK DRIVE RALEIGH, N.C. 27604 919-876-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 13001
EXPIRATION DATE: March 7, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain ________ gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of _.100_ +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>March 8, 2013</u>

The expiration date for this lot number is <u>March 7, 2015</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President RepCo Marketing, Inc.

Form RM 02



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

STEVE M BIELAWSKI

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/7/2014	when			
·	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 240045	Dal Vasterly			
EXPIRES 3/7/2016				
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (8-10)

LAB-4 (R5-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic contant in breath form of expired at the Mitrough



Operator BIELAWSKI, STEVE

Permit No 240045

Date Issued 3/7/2014 Date Expires 3/7/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

我一致我们 好人 医新马精 建新工作

Operator Signature

Operator Signature

Face I his Side Down - This Edge In First

BAC DataMaster

Evidence Ticket

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

Operator Signature_

Operator Signature_